## State of West Virginia Electioneering Communications and Last Minute

Independent Expenditure Form

litraheum	cit muhani	Todo 83-8-2h
(Must be filed when \$5,000 or more is spent on "o A "Last Minute" report will be due whep \$1,000 is set Name of person making expenditure.	electioneering of ent on "electione	communications" as detailed in WV Code §3-8-2b. (string communications" within 15 days of an election.)
Name of person making expenditure		d EC.
Name of the Individual in control of the expenditur	no(s) (141V)	21 21/ 17/2
Small pridage Market (4 14) C/11/50/10/5	Telophol	19
Name of the custodian of the books	d Efai	U
Principal place of business and address (Only if th	ne person mskir	g the expenditure is not on individual)
Stantian communication extent	ditures of mo	re then \$1,000 (as required by WV Code §3-8-2b)
A A	Planson	- 11 alling intermetical ares
Paid to Jap 441/126 310 Amount of expenditure # 516 79 s.D.	Once the expe	ndirum was made 4-28-2010
Filterian year 2010	Made widin	(check one):
30 days prior to the Primary Election		60 days prior to the General Election
Refere so: (candidate name)		
Paid to		
Amount of expenditure	Date the expe	ndianre was made
Election year		
30 days prior to the Primary Election		60 days prior to the General Election
Refers to: (candidate name)		
Paid to		
		enditure was made
Election year	Made within	(check one):
30 days prior to the Primary Election		60 days prior to the General Election
Refers to: (candidate name).		
Paid to		
Amount of expendinge		enditure was made
Евесбон усаг		(check one):
30 days prior to the Primary Election		60 days prior to the General Election

## Contributors totaling more than \$1,000 from the previous calendar year to date (as required by West Virginia Code §3-8-2b)

Value of the contribution  Address:  City:  Name of contributor  Occupation of contributor (if applicable):  Value of the contribution  Address:	State and Zip Code:  Date the contributor exceeded \$250  Description of contribution
Name of contributor  Occupation of contributor (if applicable):  Value of the contribution  Address:	State and Zip Code:  Date the contributor exceeded \$250  Description of contribution
Occupation of contributor (if applicable):  Value of the contribution  Address:	Description of contribution
Value of the contributionAddress:	Description of contribution
	Date the contributor exceeded \$250
	Description of contribution
	State and Zip Code:
	Date the contributor exceeded \$250
Value of the contribution	Description of contribution
Address:	State and Zip Code:
OA	THORAFFIRMATION
to the best of my knowledge, for all financial transactions	, swear or affirm that the attached statement is true and cooccurring within the period covered by this statement.
Office Use Only Sign	nature \( \int \)

This form must be <u>received</u> in the Secretary of State's Office prior to the close of business to be accepted on that date.

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